

ATHLETIC EVENT TRAVEL RELEASE FORM

Moorestown Township Public Schools Athletic Department
350 Bridgeboro Road, Moorestown, New Jersey 08057

Today's Date: _____

As per the policy and procedure delineated in the Parent/Student-Athlete Handbook and Board of Education approved policy, I the below signed Parent (guardian) of:

STUDENT NAME: _____
(printed)

Do hereby give my permission for my child to ride to/from the athletic event/practice for the following team:

Team Name

On this (one, single) date: _____
Date of Event

The above named student will be transported by:

Transporting Adult's Full Name (printed)

I, the below signed transporting adult party, certify that I am personally transporting the above named student.

We understand that the **Moorestown Township Public School District Athletic Rules** require that students ride the buses to and from all athletic events and a departure from this requirement will release the **Moorestown Township Public School District** from all liability for any and all adverse results that may occur.

We agree to release the **Moorestown Township Public School District**, its employees, and officers from all liability with reference to the above stated transportation.

This form must be on file in the Athletic Office PRIOR to the dismissal of school on the day of the athletic activity, or in the Athletic Office on Friday, prior to a Saturday contest.

PARENT/GUARDIAN SIGNATURE
PHONE NUMBER:

DATE:

TRANSPORTING ADULT'S SIGNATURE
PHONE NUMBER:

DATE:

ATHLETIC DIRECTOR'S SIGNATURE

DATE: